

General

Title

Immunizations for adolescents: percentage of adolescents 13 years of age who had one dose of meningococcal vaccine and one tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap) or one tetanus, diphtheria toxoids vaccine (Td) by their 13th birthday.

Source(s)

National Committee for Quality Assurance (NCQA). HEDIS 2016: Healthcare Effectiveness Data and Information Set. Vol. 1, narrative. Washington (DC): National Committee for Quality Assurance (NCQA); 2015. various p.

National Committee for Quality Assurance (NCQA). HEDIS 2016: Healthcare Effectiveness Data and Information Set. Vol. 2, technical specifications for health plans. Washington (DC): National Committee for Quality Assurance (NCQA); 2015. various p.

Measure Domain

Primary Measure Domain

Clinical Quality Measures: Process

Secondary Measure Domain

Does not apply to this measure

Brief Abstract

Description

This measure is used to assess the percentage of adolescents 13 years of age who had one dose of meningococcal vaccine and one tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap) or one tetanus, diphtheria toxoids vaccine (Td) by their 13th birthday.

The Immunizations for Adolescents (IMA) measure calculates a rate for each vaccine and one combination rate. This measure summary represents the overall rate.

Note from the National Quality Measures Clearinghouse (NQMC): For this measure, there are both Administrative and Hybrid Specifications. This NQMC measure summary is based on the Administrative specification. Refer to the original measure documentation for details pertaining to the Hybrid specification.

Rationale

Adolescent immunization rates have historically lagged behind early childhood immunization rates in the United States (U.S.). In 2000, the American Academy of Pediatrics (AAP) reported that 3 million adolescents failed to receive at least one recommended vaccination (Kroger et al., 2006). Low immunization rates among adolescents have the potential to cause outbreaks of preventable diseases and to establish reservoirs of disease in adolescents that can affect other populations including infants, the elderly, and individuals with chronic conditions. Immunization recommendations for adolescents have changed in recent years. In addition to assessing for immunizations that may have been missed, there are new vaccines targeted specifically to adolescents.

This measure follows the Centers for Disease Control and Prevention/Advisory Committee on Immunization Practices (CDC/ACIP) guidelines for immunizations (Kroger et al., 2006).

Evidence for Rationale

Kroger AT, Atkinson WL, Marcuse EK, Pickering LK, Advisory Committee on Immunization Practices (ACIP) Centers for Disease. General recommendations on immunization: recommendations of the Advisory Committee on Immunization Practices (ACIP) [published errata appear in MMWR Morb Mortal Wkly Rep 2007 Mar 23;56(11):256]. MMWR Recomm Rep. 2006 Dec 1;55(RR-15):1-48. [202 references] [PubMed](#)

National Committee for Quality Assurance (NCQA). HEDIS 2016: Healthcare Effectiveness Data and Information Set. Vol. 1, narrative. Washington (DC): National Committee for Quality Assurance (NCQA); 2015. various p.

Primary Health Components

Immunizations; meningococcal; tetanus; diphtheria toxoids; acellular pertussis; adolescents

Denominator Description

Adolescents who turn 13 years of age during the measurement year (see the related "Denominator Inclusions/Exclusions" field)

Numerator Description

Adolescents who received one dose of meningococcal vaccine and one tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap) or one tetanus, diphtheria toxoids vaccine (Td) by their 13th birthday (see the related "Numerator Inclusions/Exclusions" field)

Evidence Supporting the Measure

Type of Evidence Supporting the Criterion of Quality for the Measure

A clinical practice guideline or other peer-reviewed synthesis of the clinical research evidence

A formal consensus procedure, involving experts in relevant clinical, methodological, public health and organizational sciences

Additional Information Supporting Need for the Measure

- Receiving recommended vaccinations is the best defense against vaccine-preventable diseases, including meningococcal meningitis, tetanus, diphtheria and pertussis (whooping cough) (Centers for Disease Control and Prevention [CDC], "Meningococcal disease," 2014; CDC, 2012). These are serious diseases that can cause breathing difficulties, heart problems, nerve damage, pneumonia, seizures and even death (CDC, "2014 recommended immunizations," 2014). Immunizing adolescents is an important way to prevent serious illnesses for which we have effective vaccines.
- Vaccine-preventable diseases are expensive for society as a whole—they cost more than \$10 billion in direct medical costs and indirect societal costs (National Foundation for Infectious Diseases [NFID], 2013).
- In 2012, 48,777 pertussis cases and 20 pertussis-related deaths in the United States were reported to the CDC (World Health Organization [WHO], 2012).
- Meningococcal meningitis can cause severe brain damage and is fatal in half of untreated cases (WHO, 2012). Meningitis was responsible for 608 deaths in the United States in 2010 (Murphy, Xu, & Kochanek, 2013).
- Vaccines are a safe and effective way to protect adolescents against potentially deadly diseases (NFID, 2013).

Evidence for Additional Information Supporting Need for the Measure

Centers for Disease Control and Prevention (CDC). 2014 recommended immunizations for children from 7 through 18 years old. [internet]. Atlanta (GA): Centers for Disease Control and Prevention (CDC); 2014 [accessed 2014 Jun 20].

Centers for Disease Control and Prevention (CDC). Meningococcal disease: prevention. [internet]. Atlanta (GA): Centers for Disease Control and Prevention (CDC); 2014 [accessed 2014 Jun 20].

Centers for Disease Control and Prevention (CDC). Protect your child at every age. [internet]. Atlanta (GA): Centers for Disease Control and Prevention (CDC); 2012 Mar 8 [accessed 2014 Jun 20].

Murphy SL, Xu J, Kochanek KD. Deaths: final data for 2010. Natl Vital Stat Rep. 2013 May 8;61(4):1-117.

National Committee for Quality Assurance (NCQA). The state of health care quality 2015. Washington (DC): National Committee for Quality Assurance (NCQA); 2015. 205 p.

National Foundation for Infectious Diseases (NFID). Ten reasons to be vaccinated. [internet]. Bethesda (MD): National Foundation for Infectious Diseases (NFID); 2013 [accessed 2014 Jun 20].

World Health Organization (WHO). Meningococcal meningitis. [internet]. Geneva (Switzerland): World Health Organization (WHO); 2012 Nov [accessed 2014 Jun 20].

Extent of Measure Testing

All HEDIS measures undergo systematic assessment of face validity with review by measurement advisory panels, expert panels, a formal public comment process and approval by the National Committee for Quality Assurance's (NCQA's) Committee on Performance Measurement and Board of Directors. Where applicable, measures also are assessed for construct validity using the Pearson correlation test. All measures undergo formal reliability testing of the performance measure score using beta-binomial statistical analysis.

Evidence for Extent of Measure Testing

Rehm B. (Assistant Vice President, Performance Measurement, National Committee for Quality Assurance, Washington, DC). Personal communication. 2015 Mar 16. 1 p.

State of Use of the Measure

State of Use

Current routine use

Current Use

not defined yet

Application of the Measure in its Current Use

Measurement Setting

Ambulatory/Office-based Care

Managed Care Plans

Professionals Involved in Delivery of Health Services

not defined yet

Least Aggregated Level of Services Delivery Addressed

Single Health Care Delivery or Public Health Organizations

Statement of Acceptable Minimum Sample Size

Specified

Target Population Age

Adolescents who turn 13 years of age during the measurement year

Target Population Gender

Either male or female

National Strategy for Quality Improvement in Health Care

National Quality Strategy Aim

Better Care

National Quality Strategy Priority

Health and Well-being of Communities

Prevention and Treatment of Leading Causes of Mortality

Institute of Medicine (IOM) National Health Care Quality Report Categories

IOM Care Need

Staying Healthy

IOM Domain

Effectiveness

Data Collection for the Measure

Case Finding Period

The measurement year

Denominator Sampling Frame

Enrollees or beneficiaries

Denominator (Index) Event or Characteristic

Patient/Individual (Consumer) Characteristic

Denominator Time Window

not defined yet

Denominator Inclusions/Exclusions

Inclusions

Adolescents who turn 13 years of age during the measurement year

Note:

Adolescents must have been continuously enrolled for 12 months prior to the member's 13th birthday.

Allowable Gap: No more than one gap in enrollment of up to 45 days during the 12 months prior to the 13th birthday. To determine continuous enrollment for a Medicaid beneficiary for whom enrollment is verified monthly, the member may not have more than a 1-month gap in coverage.

Exclusions

Exclude adolescents who had a contraindication for a specific vaccine from the denominator for all antigen rates and the combination rate. The denominator for all rates must be the same.

Contraindicated adolescents may be excluded only if administrative data do not indicate that the contraindicated immunization was rendered. (*Optional*)

Either of the following meet optional exclusion criteria:

Anaphylactic reaction to the vaccine or its components (Anaphylactic Reaction Due To Vaccination Value Set) any time on or before the member's 13th birthday.

Anaphylactic reaction to the vaccine or its components (Anaphylactic Reaction Due To Serum Value Set), with a date of service prior to October 1, 2011.

Value Set Information

Measure specifications reference value sets that must be used for HEDIS reporting. A value set is the complete set of codes used to identify the service(s) or condition(s) included in the measure. Refer to the [NCQA Web site](#) to purchase HEDIS Volume 2, which includes the Value Set Directory.

Exclusions/Exceptions

not defined yet

Numerator Inclusions/Exclusions

Inclusions

Adolescents who received one dose of meningococcal vaccine and one tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap) or one tetanus, diphtheria toxoids vaccine (Td) by their 13th birthday

For meningococcal and Tdap or Td, count *only* evidence of the antigen or combination vaccine.

Meningococcal: At least one meningococcal conjugate or meningococcal polysaccharide vaccine (Meningococcal Vaccine Administered Value Set), with a date of service on or between the member's 11th and 13th birthdays.

Tdap/Td: Any of the following with a date of service on or between the member's 10th and 13th birthdays meet criteria:

At least one Tdap vaccine (Tdap Vaccine Administered Value Set).

At least one Td vaccine (Td Vaccine Administered Value Set).

At least one tetanus vaccine (Tetanus Vaccine Administered Value Set) *and* at least one diphtheria vaccine (Diphtheria Vaccine Administered Value Set) on the same date of service or on different dates of service.

Combination 1 (Meningococcal, Tdap/Td): Adolescents who are numerator compliant for both indicators (meningococcal, Tdap/Td).

Exclusions

Unspecified

Value Set Information

Measure specifications reference value sets that must be used for HEDIS reporting. A value set is the complete set of codes used to identify the service(s) or condition(s) included in the measure. Refer to the [NCQA Web site](#) to purchase HEDIS Volume 2, which includes the Value Set Directory.

Numerator Search Strategy

Fixed time period or point in time

Data Source

Administrative clinical data

Paper medical record

Type of Health State

Does not apply to this measure

Instruments Used and/or Associated with the Measure

Unspecified

Computation of the Measure

Measure Specifies Disaggregation

Measure is disaggregated into categories based on different definitions of the denominator and/or numerator

Basis for Disaggregation

This measure is disaggregated based on different definitions of the numerator. This measure calculates a rate for each vaccine and one combination rate.

Vaccines

- Meningococcal

- Tetanus, diphtheria toxoids and acellular pertussis (Tdap)

- Tetanus, diphtheria toxoids (Td)

Combination Rate: Meningococcal, Tdap/Td

Scoring

Rate/Proportion

Interpretation of Score

Desired value is a higher score

Allowance for Patient or Population Factors

not defined yet

Description of Allowance for Patient or Population Factors

This measure requires that separate rates be reported for commercial and Medicaid product lines.

Standard of Comparison

not defined yet

Identifying Information

Original Title

Immunizations for adolescents (IMA).

Measure Collection Name

HEDIS 2016: Health Plan Collection

Measure Set Name

Effectiveness of Care

Measure Subset Name

Prevention and Screening

Submitter

National Committee for Quality Assurance - Health Care Accreditation Organization

Developer

National Committee for Quality Assurance - Health Care Accreditation Organization

Funding Source(s)

Unspecified

Composition of the Group that Developed the Measure

National Committee for Quality Assurance's (NCQA's) Measurement Advisory Panels (MAPs) are composed of clinical and research experts with an understanding of quality performance measurement in the particular clinical content areas.

Financial Disclosures/Other Potential Conflicts of Interest

In order to fulfill National Committee for Quality Assurance's (NCQA's) mission and vision of improving

health care quality through measurement, transparency and accountability, all participants in NCQA's expert panels are required to disclose potential conflicts of interest prior to their participation. The goal of this Conflict Policy is to ensure that decisions which impact development of NCQA's products and services are made as objectively as possible, without improper bias or influence.

Endorser

National Quality Forum - None

NQF Number

not defined yet

Date of Endorsement

2015 Sep 2

Measure Initiative(s)

Physician Quality Reporting System

Adaptation

This measure was not adapted from another source.

Date of Most Current Version in NQMC

2015 Oct

Measure Maintenance

Unspecified

Date of Next Anticipated Revision

Unspecified

Measure Status

This is the current release of the measure.

This measure updates previous versions:

National Committee for Quality Assurance (NCQA). HEDIS 2015: Healthcare Effectiveness Data and Information Set. Vol. 1, narrative. Washington (DC): National Committee for Quality Assurance (NCQA); 2014. various p.

National Committee for Quality Assurance (NCQA). HEDIS 2015: Healthcare Effectiveness Data and Information Set. Vol. 2, technical specifications for health plans. Washington (DC): National Committee for Quality Assurance (NCQA); 2014. various p.

Measure Availability

Source available for purchase from the [National Committee for Quality Measurement \(NCQA\) Web site](#)

For more information, contact NCQA at 1100 13th Street, NW, Suite 1000, Washington, DC 20005; Phone: 202-955-3500; Fax: 202-955-3599; Web site: www.ncqa.org .

Companion Documents

The following are available:

- National Committee for Quality Assurance (NCQA). The state of health care quality 2015. Washington (DC): National Committee for Quality Assurance (NCQA); 2015 Oct. 205 p.
- National Committee for Quality Assurance (NCQA). HEDIS 2016: Healthcare Effectiveness Data and Information Set. Vol. 2, technical update. Washington (DC): National Committee for Quality Assurance (NCQA); 2015 Oct 1. 12 p.

For more information, contact the National Committee for Quality Assurance (NCQA) at 1100 13th Street, NW, Suite 1000, Washington, DC 20005; Phone: 202-955-3500; Fax: 202-955-3599; Web site: www.ncqa.org .

NQMC Status

This NQMC summary was completed by ECRI Institute on January 15, 2010.

This NQMC summary was updated by ECRI Institute on February 16, 2011.

This NQMC summary was retrofitted into the new template on June 29, 2011.

This NQMC summary was updated by ECRI Institute on May 8, 2012, March 27, 2013, January 17, 2014, January 14, 2015, and again on January 4, 2016.

Copyright Statement

This NQMC summary is based on the original measure, which is subject to the measure developer's copyright restrictions.

Content adapted and reproduced with permission from the National Committee for Quality Assurance (NCQA). HEDIS® is a registered trademark of NCQA. HEDIS measures and specifications were developed by and are owned and copyrighted by NCQA. HEDIS measures and specifications are not clinical guidelines and do not establish a standard of medical care. NCQA makes no representations, warranties, or endorsement about the quality of any organization or physician that uses or reports performance measures and NCQA has no liability to anyone who relies on such measures or specifications. Limited proprietary coding is contained in the measure specifications for convenience. Users of the proprietary code sets should obtain all necessary licenses from the owners of these code sets. NCQA disclaims all liability for use or accuracy of any coding contained in the specifications.

Anyone desiring to use or reproduce the measure abstracts without modification for a non-commercial purpose may do so without obtaining any approval from NCQA. All commercial uses of the measure abstracts must be approved by NCQA and are subject to a license at the discretion of NCQA. To purchase copies of the full measures and specifications, which contain additional distribution and use restrictions, contact NCQA Customer Support at 888-275-7585 or visit www.ncqa.org/publications

.

Production

Source(s)

National Committee for Quality Assurance (NCQA). HEDIS 2016: Healthcare Effectiveness Data and Information Set. Vol. 1, narrative. Washington (DC): National Committee for Quality Assurance (NCQA); 2015. various p.

National Committee for Quality Assurance (NCQA). HEDIS 2016: Healthcare Effectiveness Data and Information Set. Vol. 2, technical specifications for health plans. Washington (DC): National Committee for Quality Assurance (NCQA); 2015. various p.

Disclaimer

NQMC Disclaimer

The National Quality Measures Clearinghouse (NQMC) does not develop, produce, approve, or endorse the measures represented on this site.

All measures summarized by NQMC and hosted on our site are produced under the auspices of medical specialty societies, relevant professional associations, public and private organizations, other government agencies, health care organizations or plans, individuals, and similar entities.

Measures represented on the NQMC Web site are submitted by measure developers, and are screened solely to determine that they meet the [NQMC Inclusion Criteria](#).

NQMC, AHRQ, and its contractor ECRI Institute make no warranties concerning the content or its reliability and/or validity of the quality measures and related materials represented on this site. Moreover, the views and opinions of developers or authors of measures represented on this site do not necessarily state or reflect those of NQMC, AHRQ, or its contractor, ECRI Institute, and inclusion or hosting of measures in NQMC may not be used for advertising or commercial endorsement purposes.

Readers with questions regarding measure content are directed to contact the measure developer.